

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REISSUE APPLICATION: CONSENT OF ASSIGNEE;
STATEMENT OF NON-ASSIGNMENT**

Docket Number (Optional)

14336

This is part of the application for a reissue patent based on the original patent identified below.

Name of Patentee(s)

Steven M. Podos; Thomas W. Mittag; Bernard Becker

Patent Number

6,037,368

Date Patent Issued

March 14, 2000

Title of Invention

8-ISO-PROSTAGLANDINS FOR GLAUCOMA THERAPY

1. ☒ Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)
2. ☐ Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.

One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".

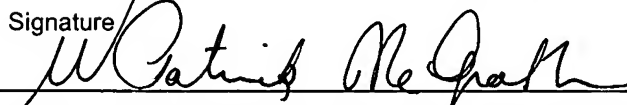
The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.

The assignee(s) owning an undivided interest in said original patent is/are Mount Sinai School of
and the assignee(s) consents to the accompanying application for reissue. Medicine of the City
University of New York

Name of assignee/inventor (if not assigned)

Mount Sinai School of Medicine of the City University of New York

Signature



Date

Jan 24, 2002

Typed or printed name and title of person signing for assignee (if assigned)

W. Patrick McGrath

Executive Director, Office of Industrial Liaison

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

10073838-001102

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION DECLARATION BY THE ASSIGNEEDocket Number (optional)
14336

I hereby declare that:

My residence and mailing address and citizenship are stated below next to my name.

I am authorized to act on behalf of the following assignee: Mount Sinai School of Medicine of the City of New York
Executive Director,
and the title of my position with said assignee is: Office of Industrial Liaison

The entire title to the patent identified below is vested in said assignee.

Name of Patentee(s):

Steven M. Podos; Thomas W. Mittag; Bernard Becker

Patent Number

6,037,368

Date of Patent Issued

March 14, 2000

Title of Invention

8-ISO-PROSTAGLANDINS FOR GLAUCOMA THERAPY

I believe said patentee(s) to be the original, first and sole/joint inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled 8-ISO-PROSTAGLANDINS FOR GLAUCOMA THERAPY

the specification of which



is attached hereto.

was filed on _____ as reissue application number _____ / _____
and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)



by reason of a defective specification or drawing.



by reason of the patentee claiming more or less than he had the right to claim in the patent.



by reason of other errors.

At least one error upon which reissue is based is described as follows:

Patentees' attorneys have only recently appreciated the disclosure of prior art publication WO94/11002, and became aware of U.S. Patent No. 6,124,353, which issued after the issuance of the subject patent.


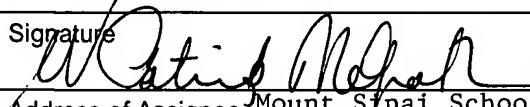
[Attach additional sheets, if needed.]

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.

[Page 1 of 2]

1003-333-0440

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (Optional) 14336	
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.			
Name(s) Richard S. Clark		Registration Number 26,154	
Janet M. MacLeod		35,263	
Correspondence Address: Direct all communications about the application to:			
<input checked="" type="checkbox"/> Customer Number		 Here Customer Number Bar Code Label Here PATENT TRADEMARK OFFICE	
OR		Type Customer Number Here	
<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of person signing (given name, family name) W. Patrick McGrath			
Signature 		Date Jan 31, 2002	
Address of Assignee Mount Sinai School of Medicine, One Gustave L. Levy Place, Box 1675, New York, NY 10029-6504			
Patentee Steven M. Podos		Citizenship U.S.	
Residence/Mailing Address 2 Knoll Road, Tenafly, NJ 07670			
Patentee Thomas W. Mittag		Citizenship U.S.	
Residence/Mailing Address 167 Woodland Drive, Pleasantville, NY 10570			
<input checked="" type="checkbox"/> Additional Patentees are named on separately numbered sheets attached hereto.			

REISSUE APPLICATION DECLARATION BY THE ASSIGNEE

Docket No. 14336

Additional Patentee

Bernard Becker

U.S.

8655 West Kingsbury, St. Louis, MO 63124

100738-88-0240